

Medicaid Reimbursement Rates for Hospice Services Effective 10/1/2005 - 9/30/2006

Effective with date of service October 1, 2005, the maximum allowable rate for the following hospice services are as follows:

| | | | Routine Home Care | Continuous Home Care | Inpatient Respite Care | General Inpatient Care |
|--|------------|-------------|------------------------------|---------------------------------|---------------------------------------|---------------------------------------|
| Metropolitan Statistical Area | SC | MSA | RC 651 Daily | RC 652 Hourly | RC 655 Daily | RC 656 Daily |
| Asheville | 39 | 480 | 125.89 | 30.59 | 137.09 | 559.56 |
| Charlotte/Gastonia/Rock Hill | 41 | 1520 | 129.41 | 31.44 | 140.10 | 574.11 |
| Fayetteville | 42 | 2560 | 126.05 | 30.63 | 137.23 | 560.20 |
| Greensboro/Winston-Salem/High Point | 43 | 3120 | 125.01 | 30.38 | 136.34 | 555.92 |
| Hickory/ Morganton/ Lenoir | 44 | 3290 | 127.33 | 30.94 | 138.32 | 565.50 |
| Jacksonville | 45 | 3605 | 117.17 | 28.47 | 129.62 | 523.47 |
| Raleigh/Durham/Chapel Hill | 46 | 6640 | 133.39 | 32.41 | 143.51 | 590.57 |
| Wilmington | 47 | 9200 | 124.88 | 30.34 | 136.23 | 555.38 |
| Rural Counties | 53 | 9934 | 118.37 | 28.76 | 130.65 | 528.44 |
| Goldsboro | 105 | 2980 | 120.65 | 29.32 | 132.60 | 537.87 |
| Greenville | 106 | 3150 | 124.39 | 30.22 | 135.80 | 553.33 |
| Norfolk (Currituck County) | 107 | 5720 | 121.72 | 29.58 | 133.52 | 542.30 |
| Rocky Mount | 108 | 6895 | 122.68 | 29.81 | 134.34 | 546.27 |

At this time, the rate for RC 658 is still reimbursed at \$131.14.

Key to Hospice Rate Table:

SC Specialty Code

RC Revenue Code

1. A minimum of eight hours of continuous home care per day must be provided.
2. There is a maximum of five consecutive days including the date of admission but not the date of discharge for inpatient respite care. Bill for the sixth day and any subsequent days at the routine home care rate.
3. When a Medicare/Medicaid recipient is in a nursing facility, Medicare is billed for routine or continuous home care, as appropriate, and Medicaid is billed for the appropriate long-term care rate. When a Medicaid only hospice recipient is in a nursing facility, the hospice may bill for the appropriate long-term care rate in addition to the home care rate provided in RC 651 or RC 652.

4. The hospice refunds any overpayments to the Medicaid program.
5. Date of Discharge: For the day of discharge from an inpatient unit, the appropriate home care rate must be billed instead of the inpatient care rate unless the recipient expires while inpatient. When the recipient is discharged as deceased, the inpatient care rate (general or respite) is billed for the discharge date.
6. Providers are expected to bill their usual and customary charges. Adjustments will not be accepted for rate changes.